



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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ROBIN KAY, Ph.D.
Acting Director
DENNIS MURATA, M.S.W.
Acting Chief Deputy Director
RODERICK SHANER, M.D.
Medical Director

June 23, 2016

Dear Prospective Proposer:

**ADDENDUM NUMBER THREE
REVISIONS IN THE
STATEMENT OF ELIGIBILITY AND INTEREST
FOR AN ENHANCED EMERGENCY SHELTER PROGRAM FOR
TRANSITION-AGE YOUTH UNDER THE MENTAL HEALTH SERVICES ACT
FOR FISCAL YEAR 2014-15 THROUGH 2017-18
(BID #DMH031512B1)**

The Los Angeles County Department of Mental Health (DMH) is issuing this Addendum Number Three to the Statement of Eligibility and Interest (SEI) Bid #DMH31512B1, released on March 15, 2012. This Addendum Three is to revise Sections 5.1 and 5.2 of Part 5.0 Program Specifications, Section 7.1 Introduction Letter of Part 7.0 County Process To Identify Qualified Agencies and replace Appendix A: Questionnaire revision 1 with Appendix A: Questionnaire revision 2. A Prospective Contractor's failure to incorporate the requirements of this Addendum Number Three may result in not being qualified for the delivery of Enhanced Emergency Shelter Program services.

The following changes are being made to the SEI:

PART 5.0 PROGRAM SPECIFICATIONS

Sections 5.1 and 5.2 shall be deleted in their entirety and replaced as follows:

"5.1 To qualify and to respond, an agency must meet the following program specifications:

An agency must meet all local zoning codes as one of the following: a temporary emergency shelter, transitional living facility, sober living facility, board and care, substance abuse treatment facility, supportive housing, or a temporary shelter.

An agency must be qualified as a Master Agreement contractor under DMH's MHSA Master Agreement list, specifically under the "TAY Age Group" category and any of the Community Services & Supports categories (all service categories EXCEPT Workforce Education and Training Plan, Prevention and Early Intervention Plan and Innovations) no later than the SEI release date of March 15, 2012.

An agency must have a minimum of three years of experience, within the last five years, providing basic support and shelter/housing services to homeless, indigent TAY and SED/SPMI clients.

An agency must have a minimum of three years of experience, within the last five years, providing basic support and shelter/housing services to homeless, indigent TAY and SED/SPMI clients with minor children.

An agency must have current established working agreements with other community partners including one substance abuse agency that will assist SED/SPMI TAY with appropriate linkages and referrals.

An agency must not have had any governmental entity contracts terminated within the last five years.

An agency must be current with all health and safety requirements, including: Permit/license from the Department of Public Health (for shelters), license and certification from the Department of Health Care Services (for Adult Residential and/or drug abuse recovery or treatment facility), California Food Handler Card(s), Certified Food Protection Manager Certificate, Business License and fire permit/clearance or annual inspections by local fire department.

An agency must have implemented strategies to outreach and engage the SED/SPMI TAY population that might benefit from participation in the Emergency Enhanced Shelter Program in the last three years.

An agency must have general 24 hour oversight of all referrals by properly trained personnel, to provide safety, support, and supervision of TAY clients in residence and minimize potential for abuse and/or victimization.

An agency must not have any substantiated Patient Rights violations within the past five years.

5.2 Desirable factors for an agency providing Enhanced Emergency Shelter Program to SED/SPMI TAY clients include:

Outdoor space.

The ability to provide for the transportation needs of its TAY clients, including public transportation, tokens, etc.

The ability to provide clothing (new, used, or donated) to TAY clients.

Staff trained in First Aid and CPR.

The capacity to respond to TAY clients in crisis either directly or through collaboration with other health and/or human service providers.

Staff knowledgeable about substance abuse and/or co-occurring disorders (COD).

Staff knowledgeable about providing services to TAY clients who have experienced trauma.

Adequate space available in which to conduct private interviews, assessments, etc.

A facility located near Transition Resource Centers and/or other community-based health and/or human services organizations that serve the SED/SPMI TAY population.

Collaborative relationships with other health and/or human services organizations that serve the SED/SPMI TAY population.”

PART 7.0 COUNTY PROCESS TO IDENTIFY QUALIFIED AGENCIES

Section 7.1 Introduction Letter shall be deleted in its entirety and replaced as follows:

“7.1 An Introduction Letter should be typed on the Agency’s letterhead which should, be brief, concise, and no more than three (3) pages. The introduction letter must include: (1) the Agency’s exact legal business name and type of organization (e.g., partnership, corporation, etc.); (2) the name of the Agency’s Director; (3) the name, email address, mailing address, FAX and telephone number of the person who is authorized to act on behalf of the Agency in connection with this SEI; (4) an introduction of the Agency and history of providing services to SED/SPMI TAY clients; (5) the Service Area (SA) for which the Statement of Interest is being submitted; and (6) the original signature(s) of the person(s) authorized to sign on behalf of the Agency and bind the Agency in a contract.”

Appendix A: Questionnaire Revision 1

Appendix A: Questionnaire revision 1, shall be deleted in its entirety and replaced with Appendix A: Questionnaire revision 2, attached hereto and incorporated herein by reference.

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Except as provided by addendum, all other terms and conditions of the SEI remain unchanged.

If you have any questions, please feel free to contact me at (213) 738-4684.

Sincerely,



Angel Baker, Interim Chief
Contracts Development and Administration Division

RK:AB:SK:lb

Attachment

c: Robin Kay, Ph.D. (Letter Only)
Dennis Murata, M.S.W. (Letter Only)
Deputy Directors (Letter Only)
Districts Chiefs (Letter Only)
County Counsel (Letter Only)

SEI -MHSA- Addendum #3